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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Blaschke

Serial No.: 09/923,042

Filed: August 6, 2001

For: Preventing Deposition of Fouling
Agents Onto Equipment§
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Group Art Unit: 1764

Examiner: Virginia Manoharan

Atty. Docket: 194-26572-US

AmendmentCommissioner for Patents
PO BOX 1450
Alexandria, VA 22313-1450

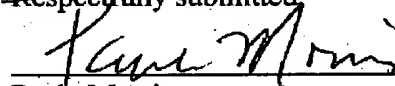
This paper is filed in response to the office action mailed April 7, 2004.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 19 of this paper.

The Commissioner is hereby authorized to charge any fees in connection with this response,
or to credit any overpayment, to Deposit Account No. 02-0429 (194-26572-US), maintained by
Baker Hughes Incorporated.

Respectfully submitted

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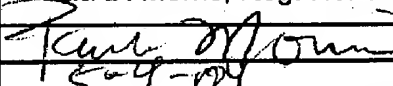
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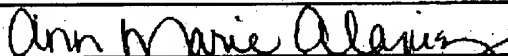
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/923,042	
	Filing Date	08/06/2001	
	First Named Inventor	BLASCHKE	
	Art Unit	1764	
	Examiner Name	Virginia Manoharan	
Total Number of Pages in This Submission	25	Attorney Docket Number	194-26572-US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to 1st OA dtd 04/07/04. Amendment/Reply (24 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Paula D. Morris, Reg. No. 31,516	
Signature		
Date	5-4-04	

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